# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	ion 2000	190			Repo Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		AFT-PI	INNS	SYL\	/ANIA								-	
Street Address:	3031 WALTON	N RD, Bl	JILDING A	, STE	340												
City:	PLYMOUTH ME	EETING					5	State:	PA			Zip Co	d <b>e:</b> 19	462			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY MAF		POST-	3.		AMENDN REPORT		Yes	Ν	0	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. <b>X</b>	2ND FRIDA ELECTION	Y PRE	- 5.		DAY POST- 6. ECTION			TERMIN REPORT	Yes	N	0	$\mathbf{>}$			
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018				FILING METHOD ( ) CHECK ONE					PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	L Sought by Candidat	te:						DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Cod	e Cou Cod	
							ľ	40	DAY	YE	AR					1	-
								11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	2		1	чо	DAY	YI	EAR	FC	R OFFIC	e use	ONLY	,	
Expenditures	s from:		6 5	2	018	то		9	1	L7	2018						
A. Amount Bro	ught Forward From	n Last R	eport				\$			11,6	598.49						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$ 2,310.00										
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			14,0	008.49						
D. Total Expen	ditures (From Scho	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			14,0	08.49	-					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)	$\perp$	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$ 0.00										
				AFF	IDAV	IT S	SEC	TION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. 1	If this i	is a C	and	lidate re	eport, c	andi	date sig	gn here.					
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	e attached sc	hedules	s filed o	n pape	er oi	by electi	ronic me	edium	, are to t	the best o	f my knov	/ledge	and be	lief , tı	rue
Sworn to and subs	scribed before me this day of	5	20							S	ignature	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	re				_						Prin	ted Name				_
My Commission E	-											Ema	il				
	МО	DA	AY	YR					Are	ea Cod	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized	Comm	nittee,	Candi	ida	te shall :	sign he	ere.							
	I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.																
Sworn to and subso	ribed before me this day of		20								s	ignature	of Candida	te			_
	Printed Name								-								
My Commission Exp	Signature					_						Ema	il				_
						_											_
	МО	DA	AY	YR					Area	Code		D	aytime Te	elephor	e Num	ber	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** AFT-PENNSYLVANIA From: <u>6/5/2018</u> **To:** <u>9/17/2018</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 2,310.00 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,310.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

\$

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# PART A **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Commi	ttee or Candidate		Reporting	Period			
			From:		:		
		ł		DATE			AMOUNT
Full Name of Contributin	g Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	•	•					PAGE TOTAL
Enter Grand Total of F	Part A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidat	e			orting P	eriod				
			Fro	m:		Тс	):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
PAGE TOTAL									
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00									

# PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Cand	lidate		Reporting	Period				
			From:					
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

## PART D ALL OTHER CONTRIBUTIONS

### OVER \$250.00

## Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period				
	From:	То:			

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	Address						\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio				on 3.			PAG	GE TOTAL
	-						\$	0.00

I

## PART E **OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.** Use this Part to report refunds received, interest earned, returned checks and

### prior expenditures that were returned to the filer.

Name of Filing Committee or C	andidate		Report	ting Perio	bd					
			From: To					:		
			I	D	ATE		AMOUNT			
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description	I				1					
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL	
	i Schedule 1, Detailet	summary raye,	Section				\$		0.00	

# SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

### USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
AFT-PENNSYLVANIA	From:	<u>6/5/2018</u> то:	<u>9/17/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		AMOUNT	
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	From: To:				
					DATE AMOUNT					AMOUNT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business				State		Zip 4)	Code(Plus	Descri	otion of	Contribution

Enter Grand Total of Part G on Schedule	II. In-Kind Co	ontributions De	tailed	PAGE TOTAL
Summary Page, Section 3.	-,			0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
						То:		
				DATE	AMOUNT			
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	City State Zip Code (Plus 4)				penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL	
	Jil Page 1, Report C	over Page, Item I				\$	0.00	